Effective December 29, 1999 09/632055														5-5-
CLAIMS AS FILED - PART I SMALL ENTITY OTHER T (Column 1) (Column 2) TYPE OR SMALL EI														
FOR NUMBER FILED NUMBER							7	RATE	_	FEE		RATE		
BA	SIC FEE	8	Les Marie Les de			Jan San and San Contraction of the sand				- - -	345.00	OR	: VAT	FEE 690.00
TC	TAL CLAIMS	7	12 minus 20			•			X\$ 9	= -		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 = 1								X39=			OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRESENT									+130			1	+260=	70
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR		7/0	
CLAIMS AS AMENDED - PART II										י" ו		OR	OTHER	THAN
	(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REM	AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	15	ر	Minus	<u></u>	20	=		X\$ 9=	.		OR	X\$18=	
	Independent	1. 3		Minus		3	= \	1	X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												OR	+260=	
7-20-05-1 (Column 1) (Column 2) (Column 2)									TOTA			اما	TOTAL	
	1-20		ADDIT. FE				ADDIT. FEE							
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	. /	5	Minus		20	=		23° X \$*9 =	1	166	OR	x\$ 16=	FEE
	Independent	· 🐧	3 .	Minus	<u>3</u>		=		7 o c X 39 ≥				200 X 70=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								780	_1	· ·	OR	360	
	A 1								+ 130 ≡			OR	+ 200=	
1	Inn			•	•				TÖTA ADDIT. FE			OR	TOTAL ADDIT. FEE	
<u> </u>			(mn 1)			olumn 2)	(Column 3)	_						
AMENDMENT C		REM/	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER IEVIOUSLY PAID FOR	PRESENT EXTRA		/RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•/	7	Minus	••	フカ	=	Y	X\$ 9=	1			X\$18=	TEE /
	Independent • -		3	Minus		3	= /	. /		+		OP/		$-\mathcal{A}$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=	4	4	OR	X78=	/
'I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
ÖBM	PTO-875							- -	·					

Application or Docket Number